

# ADULT FOSTER CARE LICENSE LIMITED LIABILITY COMPANY, GOVERNMENTAL ORGANIZATION and CORPORATE APPLICATION

Michigan Department of Human Services  
Bureau of Children and Adult Licensing

**FOR DHS USE ONLY – Cashier Code: 40**

License Number:

Paid Amount:

Cashier:

## SECTION I – FACILITY INFORMATION

1. Facility Name		2. Application Type <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Amended		3. License Number	
4. Facility Street Address		5. City/Village	6. Township	7. State	8. Zip Code
9. County	10. Zoning Authority <input type="checkbox"/> Township <input type="checkbox"/> City/Village	11. Telephone Number ( )	12. Fax Number ( )	13. New Construction <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Proposed Capacity	15. I would prefer: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both	16. Ages	17. Currently Certified As A Specialized Program or Requesting Certification <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Program Type(s) <input type="checkbox"/> Mentally Ill <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Aged <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Traumatic Brain Injured			19. Water System <input type="checkbox"/> Public <input type="checkbox"/> Private	20. Sewer System <input type="checkbox"/> Public <input type="checkbox"/> Private	
21. Facility Type <input type="checkbox"/> Small Group 1-6 <input type="checkbox"/> Small Group 7-12 <input type="checkbox"/> Large Group 13-20 <input type="checkbox"/> Congregate 21 or more – EXISTING ONLY					

## SECTION II – APPLICANT/LICENSEE INFORMATION

22. Corporate/Limited Liability company/Governmental Organization Name		E-mail address	
23. Telephone Number ( )		24. Fax Number ( )	
25. Street Address		26. City	State Zip Code
27. Mailing Address, if different (i.e. P.O. Box)		City	State Zip Code
28. Date Incorporated/Organized	29. Federal ID Number	30. <input type="checkbox"/> For Profit <input type="checkbox"/> Non Profit	31. <input type="checkbox"/> Government <input type="checkbox"/> Non Government

## SECTION III – RESPONSIBLE AGENCY INFORMATION (If Applicable) Attach Additional sheets, as necessary

32. Agency Name and Address	33. Name of Contact Person	34. Telephone Number
		( )
		( )
		( )
		( )

## SECTION IV – LICENSEE DESIGNEE AND ADMINISTRATOR (Person responsible for the daily operation of the facility) (Licensing Record Clearance form required to be completed by Licensee Designee or Administrator.)

35. Print Name of Licensee Designee	36. Date of Birth	37. Social Security Number	38. Print Name of the Administrator	39. Date of Birth	40. Social Security Number
41. Describe any conviction of corporate officers, company members, business owners, directors, licensee designee, administrator and non-employee adult members of the household. Do <u>not</u> include minor traffic violations.					

42. Have any of the individuals listed under section A(3) of Part I of the Original Application Instructions been fingerprinted for employment in an adult foster care or home for the aged facility, and have they remained continuously employed in that facility since the time of fingerprint submission?

If "YES", list the individual(s) specifying last name at time of clearance.

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43. Does the Corporation/Limited Liability Company/Governmental Organization now, or has it ever, operated an adult foster care facility, children's foster care facility, children's day care facility, child caring institution, adult or child camp, or child placing agency?

If "yes" please see Item 45. ☐ YES ☐ NO

44. Has the Corporation/Limited Liability Company/Governmental Organization ever been denied a license to operate an adult foster care facility, children's foster care facility, child or adult camp, child day care facility, child caring institution or child placing agency?

If "yes" please see Item 45. ☐ YES ☐ NO

45. If your response is YES to either item 43 or 44, complete the following information. Include all current and previous licensed programs and denied licenses. Attach additional sheets, if necessary.

Name of Licensing/Certifying Agency	Type of Care	License Number	Application Date	Open	Closed

46. Provide the following information for all persons who live in the facility, including relatives, roomers and boarders, and live-in staff. DO NOT include adult foster care residents. Attach additional sheets, if necessary.

Name (Last, First, Middle)	Position or Relationship	Date of Birth

47. Directions for reaching facility.

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### SECTION V – OWNERSHIP INFORMATION

48. Identify all ownership interest in the business. Attach additional sheets, if necessary.

Name	Street Address (city, state and zip)

49. Ownership of Facility to be licensed
<input type="checkbox"/> Own <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Buying

50. Identify all ownership interest in the property. Attach additional sheets, if necessary.

Name	Street Address (city, state and zip)

**SECTION VI – FINANCIAL INFORMATION**

All questions must be answered by a member of the licensee company or board  
 Attach an explanation for each “YES” response:

51. HAS TO CORPORATION/LIMITED LIABILITY COMPANY/GOVERNMENTAL ORGANIZATION EVER:

a. Filed for bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	f. Had a default judgment against it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Had a seizure of assets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	g. Had a repossession or foreclosure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Had a lien enforced against it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	h. Had a notice of eviction due to payment problems?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Had its financial assets frozen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	i. Had a garnishment/attachment of wages/income?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Had a contract to receive public monies not renewed or terminated prior to its expiration?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

52. HAS ANY OFFICER OF THIS CORPORATION/LIMITED CORPORATION/GOVERNMENTAL ORGANIZATION EVER BEEN AN OFFICER/PARTNER OF ANOTHER CORPORATION/LIMITED LIABILITY CORPORATION/GOVERNMENTAL ORGANIZATION OR PARTNERSHIP THAT:

a. Filed bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Had a contract to receive public monies not renewed or terminated prior to its expiration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Has been subject to a government seizure of assets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**SECTION VII – CERTIFICATION AND SIGNATURES**

I have a read 1979 PA 218, as amended, and the administrative rules regulating the operation of adult foster care facilities. If granted a license, I will comply with the Act and these rules.

In order to permit a proper determination of conformity with the rules, I give permission to the Michigan Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site inspection of the facility.

I am aware of the legal provisions of Section 13 and Section 31 of 1979 PA 218, as amended, respectively, that operating an adult foster care facility without a license or to violate this Act is subject to criminal penalties punishable by imprisonment or a substantial fine, or both.

I certify that I will assess the good moral character of the employees of this home/facility, as required by PA 218. I certify that if I or an y employee, volunteer, or household member of the facil ity who is on parole or probation or convicted of a fe lony, I shall re port such information to the Department.

I also certify that any information I give in respect to any investigation conducted by the Department will be, to the best of my ability, true and correct.

I give permission to the Mic higan Department of Human Services to contact persons, including those I give as ref erences, in order to determine if I am in compliance with the Act and the Rules.

53. Signature of a member of the licensee company or board	54. Date
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**Note:** May not be signed by the licensee designee unless also a member of the licensee company or board.

55. **AN APPLICATION FEE (which is non-refundable and non-transferable)**, payable by check or money order **ONLY**, to the **STATE OF MICHIGAN**, is to be sent in accordance with the Application Instructions. The fees are:

	<u>ORIGINAL</u>	<u>RENEWAL</u>		<u>ORIGINAL</u>	<u>RENEWAL</u>
Small Group Home 1-6	\$105.00	\$25.00	Large Group Home 13-20	\$170.00	\$100.00
Small Group Home 7-12	\$135.00	\$60.00	Congregate Facility 21 +	\$220.00	\$150.00

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.	AUTHORITY: 1979 PA 218 COMPLETION: Mandatory NON-COMPLETION: License issuance will be denied
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